

LOCAL FORM 2
PAY ADVICE COVER SHEETUNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA

In re: **April Lanette King** ,)
 ,) Case No. _____
 ,) Chapter **7**
 Debtor..)

PAY ADVICE COVER SHEET

The following pay advice/income record information is filed on behalf of the debtors:

☐ Pay advices are attached as follows:

Employer	Beginning date	Ending date
Dr. Bowers	07/09/2014	09/08/2014
Shawnee Dental	07/09/2014	09/08/2014
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ The debtor certifies by his/her signature below that he/she has no pay records because: _____

Dated on **September 8, 2014** .

/s/ April Lanette King

April Lanette King

(Debtor Signature)

☐ Pro se Debtor

☒ Represented by Counsel

/s/ James E. Palinkas

(Attorney Signature)

James E. Palinkas 15037

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